



Commonwealth of Virginia Health Benefits Program

Annual Open Enrollment
April 16—May 16, 2008

Information included in this booklet:

Open Enrollment.....	Page 2
Benefit Changes for July 1, 2008.....	Page 2
Monthly Premium Rates Effective July 1, 2008.....	Page 3
Making Changes.....	Page 4
Additional Information.....	Page 4-5
➤ ID Cards	
➤ Member Handbooks	
➤ If You Become Entitled to Medicare or Other Group Coverage	
➤ Prompt Payment of Premiums	
Resources.....	Page 6
Women's Health and Cancer Rights Notice.....	Page 6

IMPORTANT INFORMATION: Be sure to read these materials carefully to ensure that you understand your coverage options and premium/benefit changes for July 1, 2008.

Recipients of this Package: Extended Coverage Participants (not eligible for Medicare)



COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

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To: Extended Coverage Participants in the State Health Benefits Program

From: Office of State and Local Health Benefits Programs

Date: April 3, 2008

Open Enrollment

From April 16 through May 16, you have the opportunity to make changes to your Extended Coverage health plan and membership level to be effective July 1, 2008 (if you continue to be eligible). This package includes information about benefit changes that will go into effect on July 1 so that you can decide if you wish to select another available plan. Instructions explaining how to make allowable changes are provided on page four. All Extended Coverage qualified beneficiaries have independent rights to make changes.

If you wish to maintain your current plan and membership level, you do not need to take any action. If you continue to be eligible for coverage, your new monthly premium will automatically be reflected in your June bill.

Benefit Changes Starting July 1, 2008

COVA Care Dental Plan Deductible – There will be a \$50 deductible per covered member (maximum \$150 per family membership) for primary dental services (no deductible for diagnostic and preventive services).

COVA Care and COVA HDHP Annual Maximum Dental Benefit – The annual maximum dental benefit will increase to \$2,000 for both basic and expanded dental coverage. There is no change in covered services under either plan.

COVA Care Expanded Dental Orthodontic Benefit – The lifetime maximum orthodontic benefit will increase to \$2,000.

COVA Care Maternity Benefits – COVA Care members who are expecting a baby and enroll in the *Future Moms* program during the first trimester of pregnancy (and complete the program) will not be required to pay the inpatient hospital co-payment for their delivery. Contact Anthem for more information.

Kaiser Permanente HMO Members – Kaiser will pay 100% of the cost of preventive services. Also, diabetic supplies will be covered under the medical plan (rather than the prescription drug plan) at 20% coinsurance.

Monthly Premium Rates Effective July 1, 2008

Extended Coverage 18 and 36-Month Premiums:

<i>Plan</i>	<i>Single Premium</i>	<i>Two-Person Premium</i>	<i>Family Premium</i>
COVA Care Basic	\$464	\$859	\$1,256
COVA Care + Out-of-Network	\$475	\$874	\$1,276
COVA Care + Expanded Dental	\$478	\$886	\$1,296
COVA Care + Vision, Hearing and Expanded Dental	\$488	\$905	\$1,321
COVA Care + Out-of-Network and Expanded Dental	\$489	\$901	\$1,316
COVA Care + Out-of-Network and Vision, Hearing and Expanded Dental	\$499	\$918	\$1,339
COVA HDHP (High Deductible Health Plan)	\$372	\$690	\$1,008
Kaiser Permanente HMO*	\$454	\$838	\$1,224

Extended Coverage 29-Month Premiums (disability extension):

<i>Plan</i>	<i>Single Premium</i>	<i>Two-Person Premium</i>	<i>Family Premium</i>
COVA Care Basic	\$683	\$1,263	\$1,847
COVA Care + Out-of-Network	\$699	\$1,286	\$1,877
COVA Care + Expanded Dental	\$704	\$1,304	\$1,907
COVA Care + Vision, Hearing and Expanded Dental	\$717	\$1,331	\$1,943
COVA Care + Out-of-Network and Expanded Dental	\$719	\$1,325	\$1,935
COVA Care + Out-of-Network and Vision, Hearing and Expanded Dental	\$734	\$1,350	\$1,970
COVA HDHP (High Deductible Health Plan)	\$548	\$1,014	\$1,482
Kaiser Permanente HMO*	\$668	\$1,233	\$1,800

Extended Coverage Premiums for Participants on Military Leave Without Pay (formerly full-time employment):

<i>Plan</i>	<i>Single Premium</i>	<i>Two-Person Premium</i>	<i>Family Premium</i>
COVA Care Basic	\$41	\$101	\$144
COVA Care + Out-of-Network	\$52	\$116	\$164
COVA Care + Expanded Dental	\$55	\$128	\$184
COVA Care + Vision, Hearing and Expanded Dental	\$64	\$146	\$208
COVA Care + Out-of-Network and Expanded Dental	\$65	142	\$203
COVA Care + Out-of-Network and Vision, Hearing and Expanded Dental	\$75	\$159	\$226
COVA HDHP (High Deductible Health Plan)	\$0	\$0	\$0
Kaiser Permanente HMO*	\$40	\$99	\$140

*Kaiser Permanente HMO is only available to participants who live in the Kaiser service area in Northern Virginia. If you are a current Kaiser member and do not live in its service area, you must make another plan selection. You may confirm the Kaiser service area by contacting Kaiser directly or going to the Kaiser Web site—see *Resources* on page eight of this correspondence for contact information.

Making Changes

Open Enrollment Changes - If you wish to make a plan or membership change during Open Enrollment, your completed Enrollment Form must be mailed to the following address and ***postmarked*** no later than May 16, 2008.

OHB Extended Coverage Administrator
101 North 14th Street, 13th Floor
Richmond, VA 23219

Enrollment forms are available at the Department of Human Resource Management web site at www.dhrm.virginia.gov or by calling 1-888-642-4414. You may also make allowable changes on line by using *EmployeeDirect*, which is available at the same web site, no later than May 16, 2008. If you make a plan change, be sure that you understand the provisions of the plan that you choose. Once an election is made, it will not be changed except as allowed by the policies of the Department of Human Resource Management. After the Open Enrollment Period ends, you may not revise your Open Enrollment election because you changed your mind or you completed the form incorrectly.

If you are submitting an Enrollment Form to make an Open Enrollment change to be effective July 1, 2008, be sure to check the *Open Enrollment* box as the reason for making the change. Certain plan changes are only allowed at Open Enrollment. However, some changes are allowed outside of Open Enrollment. If you check another reason for your requested change, it could become effective before July 1.

Making Changes After Open Enrollment - After the Open Enrollment period, membership changes will only be allowed based on the occurrence of a consistent qualifying mid-year event (such as marriage or birth of a child). Of course, qualified beneficiaries can terminate coverage at any time by failing to pay their premium within the required grace period.

ID Cards - Unless you make a plan change that will affect the information on your current ID card (e.g., changing from COVA Care to the COVA HDHP or from COVA Care to Kaiser Permanente HMO), you will not receive a new ID card.

Member Handbooks – Participants in the COVA Care Plans or COVA HDHP on July 1 will receive an updated Member Handbook by July 1. Kaiser Permanente HMO Members will receive a new Evidence of Coverage in September.

If You Become Entitled to Medicare or Start Coverage Under Another Group Health Plan... - The Extended Coverage provisions of the Public Health Service Act provide that continuation coverage will be terminated before the end of the maximum coverage period if a qualified beneficiary becomes covered under another group health plan that does not impose a pre-existing condition limitation or if a qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B or both) after electing continuation coverage. It is the obligation of the qualified beneficiary to notify the Office of Health Benefits (OHB) Extended Coverage Administrator within 30 days of the start of such coverage by sending notification in writing to the address listed above (under *Open Enrollment Changes*). Upon reporting these events, coverage will be terminated. Failure to report other coverage within the 30-day time limit will not preclude termination retrospectively to the date that coverage would have been terminated had it been reported on time.

Prompt Payment of Premiums – Extended Coverage premium payments are due on the first day of the coverage month; however, by law, participants are given a grace period of 30 days to make each periodic payment. If the premium payment is not received by the first day of the coverage month, coverage will be suspended and then retroactively reinstated when the premium is paid. This means that any claim you submit for benefits while your coverage is suspended may be denied, but it may be resubmitted once your coverage is reactivated upon receipt of payment. If you fail to make your premium payment by the end of the grace period, you will lose all rights to continuation coverage effective the first of the month for which payment was not received. Payments are considered made when mailed.

Attachments:

- Resources (page 6)
- Women's Health and Cancer Rights Notice (page 6)

RESOURCES

If you have questions regarding claims or providers, contact:

<i>Benefit</i>	<i>Contact This Administrator</i>
<ul style="list-style-type: none"> • COVA Care Medical • COVA Care Optional Vision and Hearing • COVA HDHP (all benefits) 	Anthem Blue Cross and Blue Shield Member Svcs. 1-800-552-2682 TDD: 1-804-354-4327 (Richmond) or 1-800-554-7752 Web site: www.anthem.com/cova BlueCard Worldwide (for assistance outside of the US) 1-800-810-BLUE (2583) Web site: www.bcbs.com
<ul style="list-style-type: none"> • COVA Care Behavioral Health or Employee Assistance Program 	Value Options, Inc. 1-866-725-0602 Web site: www.achievesolutions.net/covacare
<ul style="list-style-type: none"> • COVA Care Dental 	Delta Dental Plan of Virginia 1-888-335-8296 Web site: www.deltadentalva.com
<ul style="list-style-type: none"> • COVA Care Prescription Drugs 	Medco Health Solutions, Inc. 1-800-355-8279 Web site: www.medco.com
<ul style="list-style-type: none"> • Kaiser Permanente HMO 	Kaiser Foundation Health Plan of the Mid-Atlantic States 1-800-777-7902 or 1-301-468-6000 (in Washington, DC) Web site: http://my.kaiserpermanente.org/mida/commonwealthofvirginia/

Notice Women's Health and Cancer Rights

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.